## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

| <b></b>         | AS FILED  |  | AFTER<br>1st AMENDMENT                           |              | AFTER<br>2nd AMENDMENT                           |               |
|-----------------|---|--|--|--------------|--|---------------|
|                 | IND.  | DEP.   | IND.   | DEP.         | IND.   | DEP.          |
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| TOTAL           | 2   |  |  | _            |  | <del></del> - |
| IND.            | 1   | _ <b>t</b>                                       |  | _‡           |  |               |
| TOTAL<br>DEP.   | 10  | _  |  | _            |  | -             |
| TOTAL<br>CLAIMS | 12  |  |  |              |  |               |
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| TOTAL           |  |           |  |              |  |  |
| IND.            | ļ  | 1         |  |              |  | _1   |
| TOTAL<br>DEP.   |  |           |  |              | ``.  |  |
| TOTAL<br>CLAIMS |  |           |  |              |  |  |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS